MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO FILING DATE

		FOR US.			<u>-</u>		TI A IA	46							
-	AS F	ILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		LAIN	13	*			•		•	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	1		IND.	DEP.	IND.	DEP.	IND.	Ţ	
1		L	L	L			1	51	ļ		<u> </u>	ļ		L	
2		1					ļ	52			ļ	ļ		L	
3		4						53	ļi	ļ	<u> </u>	ļ		┡	
4								54		<u> </u>	ļ			↓_	
5		!					ļ	55		ļ	ļ			┞	
6	- ,	1						56			 			-	
7								57			}	ļ	ļ	\vdash	
- 8		1					ł	58				ļ		┡	
9		<u> </u>						59			 -	ļ		╀	
10		1						60			├		├	⊢	
11		1						61			 		ļ	├	
12	1	1						62		-	<u> </u>	 		╀	
13		7						63			ļ	ļ	 	⊢	
14		-						64			_	ļ	 	╀	
15		, 						65 cc			 	-	-	\vdash	
16								66			 		 	\vdash	
17 18		; 	-					67			1		 	-	
19	1	<u>'</u>						68		<u> </u>	 		\vdash	\vdash	
20	1	,						69 70					 	+	
21		' 					1	71						┢	
22	_	; -		,				72						\vdash	
	1							73							
24	1	7						74	-				-	-	
25		; 						75	_		! :				
26		-					-	76						├─	
27	1	'						77						\vdash	
28		7			-			78						┢	
29		†						79						\vdash	
30	1							80		_				-	
31	`	1					1	81							
32		7						82							
33							,	83				-			
34		-1			-		1	84							
35								85							
36								86							
37								87			i i				
38								88				•		Г	
39								89							
40								90							
41		I]				91							
42]						92							
43		I]				93							
44								94							
45		1						95						L	
46		I]			96							
47							[97							
48							[98						L_	
49							[99						<u> </u>	
50								100							
OTAL ND.	7	!		,		([TOTAL IND.		1		1			
OTAL	7	-		لـ		ا ف		TOTAL	لــــــا	الم		4		•	
PEP.								TOTAL CLAIMS			ı		1		